



Town of East Hartford Application for Bulky Waste Permit

Date

First Name

Last Name

Phone

Email

Residential Property Street Address

City

State

Zip

Mailing Street Address (if different)

City

State

Zip

Permit Type:

☐ Resident (\$35)

☐ Senior Resident (\$15)

☐ Multi-Unit Property Owner (\$35)

Number of units: _____

I certify that the information above is accurate to the best of my knowledge. In addition, I understand that my permit may be revoked if I fail to comply with all applicable Ordinances, Rules and Regulations regarding the use of the Transfer Station and Curbside Bulky Waste Collection, or if this permit application contains false information.

Signature of Applicant

For Office Use

Date Entered: _____

Check Address: ☐

Permit Type:

☐ Resident

☐ Senior

☐ Multi-Unit

Payment Type:

☐ Cash

☐ Check ☐ Visa

☐ MasterCard

☐ Discover

Amount Paid: _____

Check No: _____

Drivers' License No: _____

Expiration: _____